

State/Territory: NEW JERSEY

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The following Organ Transplantation Procedures are covered services when the designated standards are met and when no other third party coverage is available and if available, must have been initially exhausted.

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| 1. Heart | 4. Bone Marrow |
| 2. Heart and Lung (as a single procedure) | 5. Kidney |
| 3. Liver | 6. Cornea |
| 7. All medically necessary organ transplants except for those transplants categorized as experimental. | |

Standards:

1. The covered Organ Transplantation Procedures must be performed in an Organ Transplant Center approved or certified by a Nationally Recognized Certifying or Approving Body or one designated by the federal government. In the absence of such a National Body, the approval or certification, whichever applies, must be given by the appropriate body so charged in the state in which the center is located.
2. The candidate for transplantation must be accepted for the procedure by a transplantation center approved in the manner described above. Such acceptance must precede a request for Prior Authorization if Prior Authorization is applicable. Regulations relative to out-of-state hospitalization requiring Prior Authorization are found in N.J.A.C. 10:49-1.9 and 10:52-1.9.
3. Organ transplantations must satisfy the generally accepted criteria of fulfilling the parameters of a medically necessary procedure and in addition, with the exception of cornea transplantation, should meet the criteria that the failure to perform such a procedure could create a life-threatening situation. The procedure, in turn, must carry a reasonable probability of success and should be expected to result in the prolonging of life of improved quality with the anticipation that the individual would again become a useful member of society. It is understood that the criteria may be broadened with the changing state of medicine.
4. If all factors pertinent to the problems of decision making are essentially equal in regards to the site of performance of a transplantation procedure, then preference should be given to a New Jersey Transplantation Center. However, Medicaid policy of equitable access otherwise applies. Procedures to be performed out-of-state will require Prior Authorization from the Medicaid District Office of the recipient's county of residence similar to requirements for other out-of-state hospital services as indicated in paragraph 2 above.

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Attachment 3.1E
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State/Territory: New Jersey

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

All organ transplant procedures, including but not limited to those procedures listed on page 1 of this attachment (3.1E), that are not experimental will be available for EPSDT.

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